2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A28657

1. Entity Name
COLUMBUS CENTER ASSOCIATES, LTD.

FILED
03 APR 30 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
9830 COLONNADE BLVD., STE. 600 SAN ANTONIO TX 78230-2239	9830 COLONNADE BLVD., STE. 600 SAN ANTONIO TX 78230-2239

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number 74-2676132 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALHAMBRA GABLES ONE, INC. 5405 W. CYPRESS SUITE 109 TAMPA FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$6,667,593.00	6,667,593.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P26771	STREET ADDRESS	
NAME	ALHAMBRA GABLES ONE, INC	CITY-ST-ZIP	
STREET ADDRESS	9830 COLONNADE BLVD., STE. 600		
CITY-ST-ZIP	SAN ANTONIO TX 78230-2239		
DOCUMENT #		STREET ADDRESS	04/30/03--01010--011 **526.25
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	300017343803
NAME		CITY-ST-ZIP	04/30/03--01010--011 **526.25
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 4/16/03 210-498-3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Randall B. Benson, Vice President & Secretary Date Daytime Phone #